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| THAL | PETITION FOR EXTENSION OF | | Docket Number (Optional) 2445 |
| | | In re Application of Robert C. Beck | |
| | , | Application Number 10/050,978 | Filed 01/18/2002 |
| | | For Fluidic Catheter | |
| | | Group Art Unit 3763 | Examiner Manuel A. Mendez |
| | This is a request under the provisions of reply in the above identified application. | 37 CFR 1.136(a) to extend the period fo | r filing a |
| | The requested extension and appropriat (check time period desired): | e non-small-entity fee are as follows | |
| | One month (37 CFR 1.17(a |)(1)) | \$ |
| | ✓ Two months (37 CFR 1.17(| a)(2)) | \$ 420.00 |
| | Three months (37 CFR 1.17 | 7(a)(3)) | \$ |
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| | Five months (37 CFR 1.17(a)(5)) | | |
| | above is reduced by one-half, and A check in the amount of the fee i | s enclosed. | |
| | Payment by credit card. Form PT | O-2038 is attached. | |
| | Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 500-246 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 27 CFR 3.73(b) is analyzed (Farm PTO CRECHNOLOGY) | | |
| | The Commissioner is hereby auth or credit any overpayment, to Dep | required RECEIVE | |
| | I am the applicant/inventor | or this sheet. | DEC . |
| | assignee of record of the Statement under 37 | e entire interest. See 37 CFR 3.71. 7 CFR 3.73(b) is enclosed. (Form PTO/SI ord. | TECHNOLOGY 2 |
| | attorney or agent of rec | ord. | CENTER HOTOD |
| | allomey or agent unde | r 37 CFR 1.34(a). cting under 37 CFR 1.34(a) | • |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| | 12/18/03 | 1200x | - R. A |
| | | Signa | ture |
| 2003 | | Robert C. Beck | |
| :2252 | 210.00 OP | Typed | or printed name |
| | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| ſ | Total offorms are submitted | J. | ICA |
| | Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. An | | |